

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 1 OF 52  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee <b>Kelly Dolan</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 10 / 2014</b>		
Mailing Address <b>543 S 2nd St</b>		Amount <b>60.00</b>		
City <b>Bellaire</b>	State <b>NC</b>	Zip Code <b>77401</b>	Transaction ID : <b>f266e250-b665-41be-9</b>	
Purpose of Expenditure Salary		Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 10 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>264421.29</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Kelly Dolan</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 10 / 2014</b>		
Mailing Address <b>543 S 2nd St</b>		Amount <b>3.90</b>		
City <b>Bellaire</b>	State <b>NC</b>	Zip Code <b>77401</b>	Transaction ID : <b>fa4fce1b-679b-4e20-b</b>	
Purpose of Expenditure Mileage		Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 10 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>264421.29</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		<b>63.90</b>		
(b) SUBTOTAL of Unitemized Independent Expenditures .....				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <b>Ms. Emily Buchanan</b>		[Electronically Filed]		Date MM / DD / YYYY <b>11 / 12 / 2014</b>